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CONFIRMATION NO. 2128

Bib Data Sheet

SERIAL NUMBER 10/024,535	FILING OR 371(c) DATE 12/21/2001 RULE	CLASS 514	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. P07479US01/BAS
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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CIP of PCT/EP00/06259 06/22/2000 which claims benefit of 60/140,563 06/23/1999

**** FOREIGN APPLICATIONS *******
 None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/22/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY FRANCE	SHEETS DRAWING 8	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 3
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ADDRESS
22850

TITLE
Therapeutic methods and compositions for the treatment of impaired interpersonal and behavioral disorders

FILING FEE RECEIVED 2374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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